



Washington State Department of Agriculture  
Pesticide Management Division  
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FOR CASHIER USE ONLY

## FORM 4273

### COMMERCIAL FEED LICENSE APPLICATION

(Please see instruction sheet for completing form)

<b>A</b>	<b>Application for a commercial feed license for the period beginning</b>  July 1, 200____ through June 30, 200____ (☛ Enter year)
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<b>B</b> <u><b>MAILING LOCATION / COMPANY NUMBER</b></u>	<b>C</b> <input type="checkbox"/> <b>CHECK HERE IF THIS IS THE FIRST TIME APPLYING</b>
	<b>D</b> REPORTED BY (NAME AND TITLE)
	<b>E</b> TELEPHONE NUMBER (INCLUDE AREA CODE)
	<b>F</b> SIGNATURE REQUIRED

<b>G</b> PHYSICAL ADDRESS (If different from above)		
CITY	STATE	ZIP CODE

<b>H</b> <u><b>TYPE OF BUSINESS</b></u> (Check all that apply)  <input type="checkbox"/> Initial Distributor <input type="checkbox"/> Dealer  <input type="checkbox"/> Feed Manufacturer <input type="checkbox"/> Broker  <input type="checkbox"/> Exempt Buyer	<b>I</b> <u><b>TYPE OF COMMERCIAL FEED</b></u> (Check all that apply)  <input type="checkbox"/> Medicated <input type="checkbox"/> Complete Feed <input type="checkbox"/> Animal By-Products  <input type="checkbox"/> Supplements <input type="checkbox"/> Other _____
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<b>J</b> <u><b>FEED LICENSE FEES</b></u>	
1. Application Fee: (Separate application form and fee must be submitted for each location or facility.) .....	= \$ <u>50.00</u> 7116
2. Delinquency Fee: (If this application is filed with the department after July 15th, you must pay a delinquency fee of \$50.00).....	= \$ _____ 7108
3. Total Fees Due (add lines 1 and 2 and enter on line 3) .....	= \$ _____